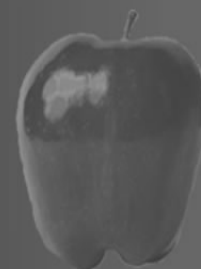




# 2007 HEALTH / P.E. Professional Development



Registration Form  
(Duplicate as Necessary)

**Mail to:**

**Workshop Contact:**

**Sessions fill on a first-come basis. Register early to secure your place.**

Workshop Title	Date	Location	Registration Fee

**Contact Information:**

**Commitment to Attend & District Approval:**

Teacher: \_\_\_\_\_

District: \_\_\_\_\_

School: \_\_\_\_\_

Grade Level/Subject: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

CACTUS #: \_\_\_\_\_

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ PERSONAL Check # \_\_\_\_\_ enclosed OR

☐ SCHOOL \_\_\_\_\_ OR  
*Principal*

☐ DISTRICT \_\_\_\_\_  
*District Representative*

*\*Please contact your school or district to determine if approval is needed prior to registration.*

**A separate registration form must be submitted for each workshop you plan to attend.**